



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**BWSC108**

**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL  
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

**A. SITE LOCATION:**

1. Site Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City/Town: \_\_\_\_\_ 4. ZIP Code: \_\_\_\_\_
- ☐ 5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site.
- ☐ a. Tier IA    ☐ b. Tier IB    ☐ c. Tier IC    ☐ d. Tier II
6. If applicable, provide the Permit Number: \_\_\_\_\_

**B. THIS FORM IS BEING USED TO:** (check all that apply)

- ☐ 1. Submit a **Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
- ☐ 2. Submit a **Revised Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
- ☐ 3. Submit a **Phase II Scope of Work**, pursuant to 310 CMR 40.0834.
- ☐ 4. Submit an **interim Phase II Report**. This report does not satisfy the response action deadline requirements in 310 CMR 40.0500.
- ☐ 5. Submit a **final Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
- ☐ 6. Submit a **Revised Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
- ☐ 7. Submit a **Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
- ☐ 8. Submit a **Revised Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
- ☐ 9. Submit a **Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
- ☐ 10. Submit a **Modified Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
- ☐ 11. Submit an **As-Built Construction Report**, pursuant to 310 CMR 40.0875.

**(All sections of this transmittal form must be filled out unless otherwise noted above)**



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**B. THIS FORM IS BEING USED TO (cont.):** (check all that apply)

- ☐ 12. Submit a **Phase IV Final Inspection Report and Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.  
Specify the outcome of Phase IV activities: (check one)
- ☐ a. Phase V Operation, Maintenance or Monitoring of the Comprehensive Remedial Action is necessary to achieve a Response Action Outcome.
- ☐ b. The requirements of a Class A Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- ☐ c. The requirements of a Class C Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- ☐ d. The requirements of a Class C Response Action Outcome have been met. Further Operation, Maintenance or Monitoring of the remedial action is necessary to ensure that conditions are maintained and that further progress is made toward a Permanent Solution. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- ☐ 13. Submit a **Revised Phase IV Final Inspection Report and Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.
- ☐ 14. Submit a **periodic Phase V Inspection & Monitoring Report**, pursuant to 310 CMR 40.0892.
- ☐ 15. Submit a **Remedy Operation Status**, pursuant to 310 CMR 40.0893.
- ☐ 16. Submit a **periodic Inspection & Monitoring Report to maintain a Remedy Operation Status**, pursuant to 310 CMR 40.0893(2).
- ☐ 17. Submit a **Termination of a Remedy Operation Status**, pursuant to 310 CMR 40.0893(5).
- ☐ 18. Submit a **final Phase V Inspection & Monitoring Report and Completion Statement**, pursuant to 310 CMR 40.0894.  
Specify the outcome of Phase V activities: (check one)
- ☐ a. The requirements of a Class A Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement (BWSC104) will be submitted to DEP.
- ☐ b. The requirements of a Class C Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- ☐ c. The requirements of a Class C Response Action Outcome have been met. Further Operation, Maintenance or Monitoring of the remedial action is necessary to ensure that conditions are maintained and/or that further progress is made toward a Permanent Solution. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- ☐ 19. Submit a **Revised Phase V Inspection & Monitoring Report and Completion Statement**, pursuant to 310 CMR 40.0894.
- ☐ 20. Submit a **Post-Response Action Outcome Inspection & Monitoring Report**, pursuant to 310 CMR 40.0897.

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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

**C. LSP SIGNATURE AND STAMP:**

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief,

> if Section B indicates that a **Phase I, Phase II, Phase III, Phase IV or Phase V Completion Statement** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that a **Phase II Scope of Work** or a **Phase IV Remedy Implementation Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that an **As-Built Construction Report, Phase V Inspection and Monitoring Report, or a Remedy Operation Status** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

1. LSP #: \_\_\_\_\_

2. First Name: \_\_\_\_\_ 3. Last Name: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ 5. Ext.: \_\_\_\_\_ 6. FAX: \_\_\_\_\_

7. Signature: \_\_\_\_\_

8. Date: \_\_\_\_\_  
(mm/dd/yyyy)

9. LSP Stamp:



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**D. PERSON UNDERTAKING RESPONSE ACTIONS:**

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. change in the person undertaking response actions
2. Name of Organization: \_\_\_\_\_
3. Contact First Name: \_\_\_\_\_ 4. Last Name: \_\_\_\_\_
5. Street: \_\_\_\_\_ 6. Title: \_\_\_\_\_
7. City/Town: \_\_\_\_\_ 8. State: \_\_\_\_\_ 9. ZIP Code: \_\_\_\_\_
10. Telephone: \_\_\_\_\_ 11. Ext.: \_\_\_\_\_ 12. FAX: \_\_\_\_\_

**E. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RESPONSE ACTIONS:**

- ☐ 1. RP or PRP ☐ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter  
☐ e. Other RP or PRP Specify: \_\_\_\_\_
- ☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
- ☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
- ☐ 4. Any Other Person Undertaking Response Actions Specify Relationship: \_\_\_\_\_

**F. REQUIRED ATTACHMENT AND SUBMITTALS:**

- ☐ 1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
- ☐ 2. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of any Phase Reports to DEP.
- ☐ 3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase III Remedial Action Plan.
- ☐ 4. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase IV Remedy Implementation Plan.
- ☐ 5. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of any field work involving the implementation of a Phase IV Remedial Action.
- ☐ 6. Check here if any non-updatable information provided on this form is incorrect, e.g. Site Name. Send corrections to the DEP Regional Office.
- ☐ 7. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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**G. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:**

1. I, \_\_\_\_\_, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: \_\_\_\_\_ 3. Title: \_\_\_\_\_  
Signature

4. For: \_\_\_\_\_ 5. Date: \_\_\_\_\_  
(Name of person or entity recorded in Section D) (mm/dd/yyyy)

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street: \_\_\_\_\_

8. City/Town: \_\_\_\_\_ 9. State: \_\_\_\_\_ 10. ZIP Code: \_\_\_\_\_

11. Telephone: \_\_\_\_\_ 12. Ext.: \_\_\_\_\_ 13. FAX: \_\_\_\_\_

**YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY  
RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU  
MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.**

Date Stamp (DEP USE ONLY:)